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ABSTRACT

The major objectives in the establishment of a clinic in a department of psychology are to provide a setting for clinical training and for clinical research. Five issues must be considered in order to evaluate a departmental clinic effectively. First, there should be prior specification of objectives and periodic restatement of goals that include descriptions of research activities to be undertaken. Second, the quality of research should be monitored through an analysis of the number of publications in refereed journals, the amount of external funding, citations in scholarly works, etc. Third, there should be a monitoring or arbitration system established within the department to resolve conflicts and competitive interests among research, teaching, and service activities. The fourth set of issues to be considered involve logistic and ethical problems. That is, a mechanism should be established to identify and resolve such matters as the differing needs of volunteer and client-subjects, the accuracy of research solicitation announcements, and access to client files. Finally, the viability of the program must be considered in terms of the probability of future development and survival. This can be accomplished through an analysis of the program's responsiveness to change, the allocation of resources, the autonomy of decision making and the relevance of program goals to those of the larger system. (Author/MV)

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Issues in Evaluating Research In A Psychology Department Clinic[1].

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The major objectives in the establishment of a clinic in a department of psychology are to provide a setting for clinical training and for clinical research. Most efforts to evaluate such clinics, however, have focused mainly on training and on service, frequently with an emphasis on the latter as though it were the central rationale for the organization of the clinic. Research evaluation, on the other hand, has frequently been done quite casually, if not completely avoided. The assessment of investigatory work is a difficult problem in psychology and in the sciences generally, but because research is one of the two major objectives for the establishment of the psychology clinic in the first place, no adequate clinic evaluation can be done without careful attention to that activity.

There are certain inherent difficulties in any evaluation of research and these are present also when this is done as part of a clinic evaluation. However, there are additional substantive issues to be addressed when research is scrutinized within an overall clinic program. In this presentation we will discuss the following special issues: prior specification of objectives; quality of research; priorities and

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program balance; logistic and ethical problems; and program viability.

1. Prior specification of objectives. The responsible directors of a clinic should set goals in advance with respect to the conduct of investigatory work. This statement of goals should be done periodically (e.g., annually) and make reference to a) the types or categories of research considered desirable and anticipated, b) an approximate amount considered optimum and c) specific techniques for evaluating on-going work. With respect to types of research, the clinic may specify an interest in one or more of any number of inquiries. For example, it may express an interest in fostering work on treatment outcome or on consultation approaches. The clinic may invite researchers willing to collaborate in large research projects or in "file" research. Thus, the clinic may stimulate work in areas that especially fit its current clientele and service needs. Although ideally the clinic would be open to study proposals from any eligible faculty member or student, there is much to be said for a clinic staff formulating prospectives of its own, with an eye to a systematic collection of findings in a single, broad programmatic area. This may be preferable to the clinic being viewed solely as an open laboratory for almost any form of investigation, making it subject to the shifting interests of a large number of researchers with conflicting methods and needs.

The optimum amount of research that might be specified would at least in part depend on the expected pressures on clinic facilities and resources, such as the patient-subject pool, space and clerical assistance. However considerable such pressures may be, a psychology clinic could not justify its existence without the presence of a number of research projects concurrent with teaching and service activities.

With respect to research quality, a rigorous effort at evaluation in this especially elusive area must be made. At the very least new proposals and on-going work as well can be assessed and even ranked by a committee of senior staff members, on an annual review basis. More specific suggestions for the evaluation of quality of research, especially completed work, are noted below.

The important point here is that whatever methods or criteria may be used for assessing the type, the amount and the quality of research, the assessment should be a routine, periodic process that centers on the extent to which previously specified objectives have been achieved.

2. Quality of research. There are few activities likely to provoke more emotional disagreement than efforts to estimate the goodness of a piece of research. Although clearly a good deal of value judgment always is involved, for practical purposes there do exist certain relatively

objective, albeit indirect, measures that can be used. The two most common of course are the number of publications in refereed professional journals and the amount of external funding attracted by the research. To these we would add two other measures. The first is the number of times a particular study or publication has been cited in other scholarly work; there now exist relatively comprehensive citation indices that make this a simple task. The second measure involves a quite pragmatic procedure requiring a clinic staff to assess the actual applications in that clinic which were derived from the research in question or the number of occasions in which courses or seminars in the Department made reference to, or cited, the study (e.g., in bibliographies). These suggestions are appropriate mainly for completed investigations but speculations or estimates for on-going or projected work would also be possible.

3. Priorities and program balance. Unfortunately teaching, service and research located in a single setting typically compete for limited available resources and often, in a clinic, research loses out. It is necessary therefore to keep in mind that research is important not simply because of its scientific purpose but because the clinic is the most natural laboratory setting for the study

of the proper subject matter of clinical psychology. Also, research and researchers should be visible as a model for the clinical psychology student. Therefore, research cannot be permitted to have a low priority in the workings of a good department clinic. How to assure appropriate attention and, more important for our purpose here today, how to adequately evaluate that status of research is a complex issue. One can only recommend that an active monitoring or arbitration system (e.g., a staff committee) be established for the explicit purpose of resolving conflicts and competitive interests among research, teaching and service activities. There is no method for ascertaining "correct" or acceptable amount of research relative to other activities but it would seem that what might be observed is the extent that there is equal access to the clinic and its resources on the part of researchers and a recognition that the investigator is a valid client or consumer.

4. Logistic and ethical problems. There are a large number of logistic and ethical considerations in the conduct of research within a departmental clinic setting that can be described here. No direct method of evaluation can be used to determine the extent to which these are dealt with successfully. Possibly all that can be done is to determine that such matters receive continual

oversight. It may be useful, however, to comment on a few of these logistic and ethical problems.

In most clinics there is likely to develop an active competition among the researchers, if not between researchers and clinicians, for the use of space, equipment, personnel and especially for client-subjects. The pressing of conflicting claims disturbs clinic efficiency at the very least and can paralyze an operation at worst; a call for cooperation may not be sufficient and a system for arbitration and the setting of priorities may be required. A related question has to do with the needs and motivations of the volunteer-subject and of the client-subject, both seen in the clinic setting for research purposes. Administratively, is it proper to co-mingle, in permanent files, the data of clients with those of volunteers? Does the clinic have a sensitivity to the fact that many volunteer research subjects may require clinical assistance and indeed may have presented themselves as subjects either as a route for gaining admission for treatment or on the assumption that participation in research itself would provide treatment?

There is one other matter that I would refer to as "logistical" for lack of a better term. This has to do with the typical resistance, usually quite passive in appearance, of the clinical staff to having research "done

on them" or on their clients. This resistance may be presented as an interest in protecting the client but often involves a defensive reaction to the threat of evaluation of one's professional effectiveness. One way to deal with this matter is for the clinic faculty or staff to be fully engaged in both research and in clinical work, as well as teaching. A department clinic that has separate researchers and clinicians is courting trouble.

The multiple ethical problems that face each researcher cannot be reviewed here. The insistence on client and subject rights, however, for example in the form of informed consent, only begins to touch on the increasing concern with these sensitive matters. Inaccuracy of research solicitation announcements and the insufficiency of debriefing procedures have only recently begun to receive more than casual attention. Also, the sometimes dubious freedom of undergraduate psychology students to refuse participation in research, and the "open access" of researchers to files of former clients who often are unaware of the use of their records, are significant matters that call for surveillance and guidance by a responsible body within the clinic itself. Essentially the questions we raise here are not subject to easy assessment but program evaluation should determine whether at

least they are under regular and prudent examination.

5. Program viability. As a final point in this discussion, we should like to introduce the concept of program viability. By the term "viability" we mean the capability of a program for further development and for survival over the foreseeable future. Certain aspects of this concept may not seem directly relevant to research evaluation per se as much as to other areas of program evaluation. However, we should like to describe our thinking on the concept since it incorporates significant variables that are somehow neglected in most assessment efforts. The inclusion of viability in an evaluation procedure would require a weighting of variables such as the following:

a. Responsiveness to change. The operations of a departmental clinic should reflect the current important changes in the field of clinical psychology. A clinic where the contents and techniques of instruction, service work and research have remained essentially unaltered over a considerable period of time raise questions of sterility and obsolescence.

b. Allocation of resources. Periodic review of the allocation of overall clinic resources is essential to determine actual support provided the major program functions. When, for example, all research in the clinic is dependent on external funding for support and the

clinic merely makes clients available as subjects, the research commitment of the clinic must be defined as uncertain at best.

c. Autonomy of decision-making. The extent to which a program has direct control of its immediate activities, projected plans and budgetary expenditures goes a considerable distance in determining its future directions and its very survival. When significant decisions are routinely in the hands of another superordinate unit, the chances of enduring program development have all but disappeared and the continuance of the program, e.g., the clinic, itself must be questioned. The application of this principle to estimate the position of clinic research itself would seem apparent.

d. Relevance to the goals of the larger system. Every program, including a department clinic, has at least informal relationship with certain outside, usually public, groups. The quality of these relationships may be defined as the program's reputation, which in turn influences the development possibilities and long-term continuation of that program. For a clinic this reputation may be measured indirectly by the variety and amount of its outside referrals, unsolicited requests for volunteer participation, and the thoroughness of accountability of the clinic to its outside community.

These then represent my comments on the evaluation of research in a psychology department clinic. Clearly research assessment is a complex task and the issues raised here are suggestive of only some of the serious difficulties certain to be encountered in an evaluation effort.